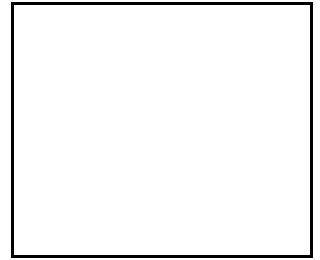




KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Bureau of Air and Radiation
Asbestos Control Section
1000 SW Jackson, Suite 310
Topeka, Kansas 66612-1366



ASBESTOS CONTROL WORKER APPLICATION FORM

GENERAL INSTRUCTIONS:

This application form is intended to provide information required before a person can be certified to engage in, or supervise, asbestos control work. Submission of a completed application form must be accompanied by the required training certificate(s), certification fee (**\$20.00 for Class I Worker, \$40.00 for Class II Supervisor**) in the form of a check or money order made payable to the Kansas Department of Health and Environment before a certificate can be issued.

The completed application form, certification fee, and copies of all AHERA training certificates should be mailed to the above address.

(Please print using black ink or type)

Social Security Number: _____ - _____ - _____ Home Phone #: (_____) _____ - _____

Applicant's Name: _____
Last First MI

Applicant's Mailing Address: _____
PO Box / Street / Apt. No.

City State Zip Code

Date of Birth: ____/____/____ *Sex: ____ *Race: ____

Type of certification being applied for: Class I Worker _____ Class II Supervisor _____

Present Employer: _____

TRAINING

Provide the following information concerning the most recent federal EPA or state approved course that you have successfully completed, as required for certification in Kansas, and attach copies of all certificates, initial training and refresher training, you have attended. If this application is for renewal of a current Kansas certification you may only submit a copy of the most recent training certificate.

Please circle one of the following course titles: Asbestos Initial Worker Asbestos Worker Refresher
Asbestos Contractor/Supervisor Initial Asbestos Contractor/Supervisor Refresher

Name of Course Provider: _____

Name of Agency that Approved Course: _____ EPA

City & State where Course was Attended: _____

Date(s) Course was Attended: _____

REMEMBER TO ATTACH THE REQUIRED TRAINING CERTIFICATE(S).

I hereby certify that all of the information provided in this application is complete and correct to the best of my knowledge.

Signature _____ Date _____

*Optional - This information will be used for general program analysis only.